



174617

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/937,772
		Filing Date	09/27/01
		First Named Inventor	Barry, C. Marvin
		Group Art Unit	1746
		Examiner Name	Alvarado, Winston M.
Total Number of Pages in this Submission	129	Attorney Docket Number	CDM/7708.999

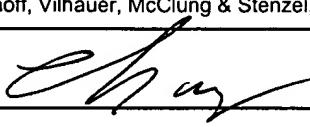
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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee transmittal <input type="checkbox"/> Fee attached form	<input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing Related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosures (identify below) <p>Check in the sum of \$966 for fees; Citations for IDS Return acknowledgment postcard</p>
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

Remarks:

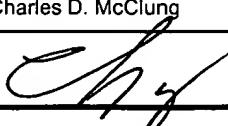
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Chernoff, Vilhauer, McClung & Stenzel, LLP
Signature	
Date	October 30, 2002

CERTIFICATE OF MAILING

I hereby certify that, on the date shown below, this correspondence is being deposited with the United States Postal Service in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C., 20231

with sufficient postage as first class mail
 as "Express Mail Post Office to Addressee" - mailing label no. _____

Type or print name	Charles D. McClung
Signature	
	Date <i>Oct. 30, 2002</i>



FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT **\$966**

Complete If Known	
Application Number	09/937,772
Filing Date	09/27/01
First Named Inventor	Barry, C. Marvin
Examiner Name	Alvarado, Winston M.
Group/ Art Unit	1746
Attorney Docket No.	CDM/7708.999

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge the indicated fees and credit any over payments to:

Deposit Account Number **03-1550**
Deposit Account Name **Chernoff Vilhauer McClung & Stenzel**

Charge any additional fee required under 37 CFR 1.16 & 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed

Check Credit Card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)				\$0	

2. EXTRA CLAIM FEES

		Fee from Extra Claims below	Fee Paid
Total Claims	10	= 10 x 18 = 180	
Indep. Claims	7	= 7 x 84 = 588	
Multiple Dependent			0

*or number of previously paid, if greater. For reissues, see below.

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	*Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) **\$768**

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **\$180**

SUBMITTED BY

Complete (if applicable)

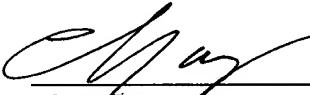
Name (print type)	Charles D. McClung	Registration No.	26,568	Telephone	(503) 227-5631
Signature	<i>Charles D. McClung</i>			Date	October 30, 2002

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Dated: October 30, 2002


Charles D. McClung

